

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097581122**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11	1						61						
12		1					62						
13		1					63						
14	1						64						
15	1						65						
16	1						66						
17		1					67						
18		1					68						
19	1						69						
20	1						70						
21		1					71						
22		1					72						
23	1						73						
24		1					74						
25	1						75						
26	1						76						
27							77						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	25	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	26						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY